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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

SUMMONS IN A CIVIL CASE

SUSAN TOMAS Plaintiff

8901 WESTERN #406

DES PLAINES, IL 60016

v.

AFSCME: AMERICAN FEDERATION

STATE COUNTY MUNICIPAL EMPLOYEES

LOCAL 1006

CASE NUMBER:

ASSIGNEE 08CV610

JUDGE BUCKLO

DESIGNATE MAGISTRATE JUDGE DENLOW
 MAGISTRATE

TO: (Name and address of Defendant)

MARK FISHER - VICE PRESIDENT

work Address 29 N. WACKER DR
 SUIT 800, CHICAGO, IL 60606

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

PRO-SE Susan Tomas

8901 WESTERN #406

DES PLAINES, IL 60016

an answer to the complaint which is herewith served upon you within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

MICHAEL W. DOBBINS, CLERK

KRYSTEN COPPOLETTA

(By) DEPUTY CLERK

1-28-08
 DATE

AO 440 (Rev. 05/00) Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE	7-5-08
NAME OF SERVER (PRINT)	TITLE	

Susan Tomas via Registered restricted mail

Check one box below to indicate appropriate method of service

 Served personally upon the defendant. Place where served: _____ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left: _____

 Returned unexecuted: _____ Other (specify): Sent by Certified mail and 02-05-08Received ok
Restricted delivery see copies

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

VIA REGISTERED MAILExecuted on 02-05-08

Date

Signature of Server

Susan Tomas
8901 Western #406
Des Plaines, IL 60016

Address of Server

FILED**FEB 19 2008 YM****Feb 19, 2008****MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT**

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PATRICIA Ousley
AFSCME LOCAL 1006
29 N. Wacker suit 800
Chicago, IL 60606

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

K. B. Clark

C. Date of Delivery

2/15/08

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label)

7007 2680 0003 1995 9798

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

RUDLEY HERRON
AFSCME LOCAL 1006
29 N. WACKER suit 800
Chicago, IL 60606

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

K. B. Clark

C. Date of Delivery

2/15/08

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label)

7007 2680 0003 1995 9804

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mark Fisher
AFSCME LOCAL 1006
29 N. WACKER suit 800
Chicago, IL 60606

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

K. B. Clark

C. Date of Delivery

2/15/08

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label)

7007 2680 0003 1995 9781

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE



**First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10**

• Sender: Please print your name, address, and ZIP+4 in this box •

Susan Tomas
8901 Western #406
DES PLAINES, IL 60016

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UNITED STATES POSTAL SERVICE



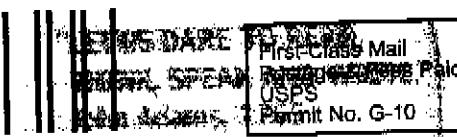
**First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10**

* Sender: Please print your name, address, and ZIP+4 in this box.

~~Please print your name, address,~~
Susan Tomas
8901 Western #406
DES PLAINES, IL 60016

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UNITED STATES POSTAL SERVICE
CHICAGO IL 60602



OS-FRONTEND: FIG 3

• Sender: Please print your name, address, and ZIP+4 in this box

Susan Tomas
8901 Western #406
Des Plaines, IL 60016